

Plan of Study

Department of Pharmacology
Graduate Program

(Name of Student)

(Degree)

(Major Advisor)

(Co-Advisor, if applicable)

Course Number	Title of Course	Semester & Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Plan Approved:

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Committee Member: _____ Date: _____

Student's Signature: _____ Date: _____

Major Advisor's Signature: _____ Date: _____

Original to: Chairman, Pharmacology